



Patent
Attorney's Docket No. 002010-593

1624#
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)

Jing WU et al.)

Application No.: 09/915,263)

Filed: July 27, 2001)

For: CYCLOALKYL, LACTAM,)
LACTONE AND RELATED)
COMPOUNDS,)
PHARMACEUTICAL)
COMPOSITIONS COMPRISING)
SAME, AND METHODS FOR)
INHIBITING β -AMYLOID PEPTIDE)
RELEASE AND/OR ITS SYNTHESIS)
BY USE OF SUCH COMPOUNDS)

Group Art Unit: 1624

Examiner: B. Kifle

Confirmation No.: 7971

TECH CENTER 1600/2900

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☐ A Terminal Disclaimer and a check for ☐ \$55.00 (2814) ☐ \$110.00 (1814) to cover the requisite Government fee are also enclosed.

☐ Also enclosed is _____

☐ Small entity status is hereby claimed.

☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$370.00 (2801) ☐ \$740.00 (1801) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.

☐ Applicant(s) request suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.

☐ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$84.00 (1201) =	
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

☐ A claim fee in the amount of \$_____ is enclosed.

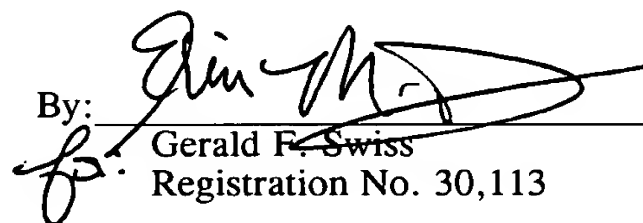
☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: December 10, 2002